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ABSTRACT

This curriculum resources packet provides the most current information available in substance abuse prevention education. Its stated purpose is to assist schools in combating the problem of substance abuse through effective prevention/education programs. These topic areas are discussed: (1) drugs and their effects; (2) continuum of drug use; (3) at-risk students; (4) implications for education; (5) how schools can respond; (6) a model program which includes school programs, community involvement, human resources, and parent components; (7) planning; (8) curriculum; (9) effective drug policies; and (10) self-assessment checklist. The appendix includes discussions of suicide, characteristics of effective drug abuse prevention programs and speakers, and a questionnaire for teacher assessment of prevention programs within schools. (ABL)

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Special Topic

Curriculum Resources Packet

SUBSTANCE ABUSE PREVENTION EDUCATION

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Substance abuse--particularly among young people--is a complex problem. Solving this problem is therefore a complex and difficult task, requiring a multidimensional approach.

This *Substance Abuse Prevention Education* resources packet was developed to assist schools in combatting the problem of substance abuse through effective prevention education programs. It does not offer pat, easy answers to the many questions posed by substance abuse; we don't believe there are any simple answers. It does provide the most current information available in substance abuse prevention education.

Representatives from the Department of Education, the Department of Children and Youth Services, the Department of Health Services, the Connecticut Alcohol and Drug Abuse Commission, school health personnel, private agencies and Yale University have collaborated on this effort. It is our hope that this booklet will provide school officials with the tools necessary to develop an overall plan that will result in drug-free schools and communities.

The State of Connecticut has mandated comprehensive drug education for more than two decades, and in recent years several activities on both the state and national levels have reinforced this posture.

First, a report entitled "Issues of Substance Abuse Among School Age Youth" was released in 1986. Prepared jointly by the Department of Education and the Connecticut Alcohol and Drug Abuse Commission, the report summarized the scope of substance abuse prevention education.

Also in 1986, the United States Congress passed the Drug-Free Schools and Communities Act. Under its provisions, funds were made available to school systems that had comprehensive drug education programs in place for grades K-12.

In 1987, Governor William A. O'Neill released a report of the Governor's Action Committee on Drug Education, in which specific recommendations for prevention, intervention, treatment and law enforcement were outlined.

This resource guide is one of the Department of Education's responses to these initiatives. I believe that this booklet will help school systems respond to the ever increasing needs of the youth of our state and nation.

Gerald N. Tirozzi
Commissioner of Education

INTRODUCTION

The use of drugs, including alcohol and tobacco, is not a new phenomenon. Throughout history, men and women have used drugs both to treat disease and in search of the "ultimate" escape from reality.

Societies have coped with the abuse of drugs by their citizenry in a variety of ways. Some groups have tolerated the problem, ignoring the consequences of the abuse. Others have attempted to impose strict laws and penalties. Presently, many Americans have generally viewed student involvement with drugs as a normal part of youthful rebellion and experimentation. It is commonly believed that drugs become a problem for only a small segment of our population.

Unfortunately, recent studies have indicated that substance abuse among our youth has not only reached epidemic proportions but has serious implications for our society as a whole.

For instance:

Tobacco kills more people than any other drug.

Alcohol is a drug. When mixed with other drugs, the results are often fatal.

Alcohol, nicotine and marijuana are "gateway drugs". Rarely do individuals use other drugs such as cocaine, LSD or heroin without first using the "gateway drugs".

Seriously drug-involved teenagers started using the "gateway drugs" as early as third grade.(1)

By sixth grade, 65 percent of students surveyed in New England had "experimented" with alcohol, 36 percent had used tobacco, and 11 percent had tried marijuana. (2)

By senior year, 90 percent of students surveyed had used alcohol.(3)

Since 1960, drug abuse has increased 6,000 percent (4)

Since 1960, suicide has increased 300 percent. Approximately 50 percent of all suicide attempts occur under the influence of some drug.(5)

By age 19, 80 percent of males and 70 percent of females have had intercourse. Often, drugs are used prior to intercourse.(6)

As many as 25 percent of all children come from homes in which an alcoholic is present. (7)

Children of alcoholics are two to four times as likely to become drug involved sometime in their life.(8)

Alcohol-related accidents are the leading cause of death among the 15-20 age group. (9)

Faced with these statistics, it becomes obvious that drugs and their related issues are an enormous problem that our society must attack.

NOTE: For the purposes of this booklet, the term "drug" refers to any substance that alters the physical or psychological state of the user. Drugs include alcohol, tobacco, marijuana, LSD, heroin, cocaine and other illicit substances.

REFERENCES

(1) Journal of Drug Education, 1986, 16: 203-220

(2) Ibid.

(3) National Institute for Drug Abuse

(4) Stress File, Macomb Intermediate School District

(5) Ibid.

(6) New York State Department of Health, New York City Human Resources Administration

(7) National Institute for Alcoholism and Alcohol Abuse

(8) Ibid.

(9) National Highway Traffic Safety Administration

BACKGROUND INFORMATION

Drug Effects

Continuum of Drug Use

At-Risk Youth

Implications for Schools

How Schools Can Respond

DRUGS AND THEIR EFFECTS

Adults often are interested in the physiological and pharmocological effects of specific drugs. While these facts are interesting and certainly noteworthy, they represent just one segment of knowledge that educators must have in order to see the total picture of substance abuse.

Before educators and parents can begin to help young people become drug free, they must:

Know the facts concerning the physical and psychological effects of drugs.

Understand the way in which young people use drugs.

Be able to recognize the early warning signs that children are in crisis and may turn to drugs to relieve their pain.

Understand the inability of children who are drug involved to learn effectively.

Learn what schools need to do to prevent the onset of drug use in individual students and to create a drug-free environment.

The following pages are reproduced from the federal booklet Schools Without Drugs.

RESOURCES

Specific Drugs and Their Effects

CANNABIS

Effects

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and co-ordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Type	What is it called?	What does it look like?	How is it used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Sinsemilla Acapulco Gold Thai Sticks	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydro-cannabinol	THC	Soft gelatin capsules	Taken orally Smoked
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish Oil	Hash Oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

STIMULANT: COCAINE

Effects

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by disrupting the brain's control of the heart and respiration.

Type	What is it called?	What does it look like?	How is it used?
Cocaine	Coke Snow Flake White Blow Nose Candy Big C Snowbirds Lady	White crystalline powder, often diluted with other ingredients	Inhaled through nasal passages Injected Smoked
Crack or cocaine	Crack Freebase rocks Rock	Light brown or beige pellets—or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

DESIGNER DRUGS

Effects

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease—uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How is it used?
Analogs of Fentanyl (Narcotic)	Synthetic Heroin China White	White powder resembling heroin	Inhaled through nasal passages Injected
Analogs of Meperidine (Narcotic)	Synthetic Heroin MPTP (New Heroin) MPPP PEPAP	White powder	Inhaled through nasal passages Injected
Analogs of Amphetamines and Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2, 5-DMA TMA DOM DOB	White powder Tablets Capsules	Taken orally Injected Inhaled through nasal passages
Analogs of Phencyclidine (PCP) (Hallucinogens)	PCPy PCE TCP	White powder	Taken orally Injected Smoked

NARCOTICS

Effects

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown Sugar Junk Mud Big H Black Tar	Powder, white to dark brown Tar-like substance	Injected Inhaled through nasal passages Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with Codeine Tylenol with Codeine Codeine Codeine in cough medicines	Dark liquid varying in thickness Capsules Tablets	Taken orally Injected
Morphine	Pectoral syrup	White crystals Hypodermic tablets Injectable solutions	Injected Taken orally Smoked
Meperidine	Pethidine Demerol Mepergan	White powder Solution Tablets	Taken orally Injected
Opium	Paregoric Dover's Powder Parepectolin	Dark brown chunks Powder	Smoked Eaten
Other Narcotics	Percocet Percodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

HALLUCINOGENS

Effects

Phencylidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders--depression, anxiety, and violent behavior--also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain.

Lyserginic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Type	What is it called?	What does it look like?	How is it used?
Phencyclidine	PCP Angel Dust Loveboat Lovely Hog Killer Weed	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked-- can be sprayed on cigarettes, parsley, and marijuana
Lysergic Acid Diethylamide	LSD Acid Green or Red Dragon White Lightning Blue Heaven Sugar Cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelaatin Clear Liquid	Taken orally Licked off paper Gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Discs--chewed, swallowed, or smoked Tablets and capsules-- taken orally
Psilocybin	Magic mushrooms	Fresh or dried mushrooms	Chewed and swallowed

OTHER STIMULANTS

Effects

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How is it used?
Amphetamines	Speed Uppers Ups Black Beauties Pep Pills Copilots Bumblebees Hearts Benzedrine Dexedrine Footballs Biphetamine	Capsules Pills Tablets	Taken orally Injected Inhaled through nasal passages
Methamphetamines	Crank Crystal Meth Crystal Methedrine Speed	White powder Pills A rock which resembles a block of paraffin	Taken orally Injected Inhaled through nasal passages
Additional Stimulants	Ritalin Cylert Preludin Didrex Pre-State Voranil Tenuate Tepanil Pondimin Sandrex Plegine Ionamin	Pills Capsules Tablets	Taken orally Injected

DEPRESSANTS

Effects

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	What is it called?	What does it look like?	How is it used?
Barbiturates	Downers Barbs Blue Devils Red Devils Yellow Jacket Yellows Nembutal Seconal Amytal Tuinals	Red, yellow, blue, or red and blue capsules	Taken orally
Methaqualone	Quaaludes Ludes Sopors	Tablets	Taken orally
Tranquilizers	Valium Librium Equanil Miltown Serax Tranxene	Tablets Capsules	Taken orally

ADDITIONAL INFORMATION

Alcohol	beer wine distilled spirits	liquid

INHALANTS

Effects

Immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates, and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain hemorrhage.

Deeply inhaling the vapors, or using large amounts over a short period of time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How is it used?
Nitrous Oxide	Laughing gas Whippets	Propellant for whipped cream in aerosol spray can Small 8-gram metal cylinder sold with a balloon or pipe (buzz bomb)	Vapors inhaled
Amyl Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chlorohydrocarbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants, gasoline, glue, paint thinner	Vapors inhaled

CONTINUUM OF DRUG USE

In reality most youthful drug abuse follows predictable patterns with predictable symptoms. Unfortunately, most adults do not understand this pattern. Adults view adolescent drug use through "the eyes of their own youth." They remember their use of drugs (usually alcohol) and apply this view of drug use to today's youth. Thus, many adults underestimate the age at which young people will first be exposed to drugs. They underestimate the frequency with which young people use and they underestimate the potency of today's drugs. For example, marijuana used by young people today is at least ten times stronger than that used by their parents' generation.

For most people, initial experimentation with drugs (including alcohol) and subsequent pattern of regular use begins during adolescence. Research has consistently shown that experimentation with one substance frequently leads to experimentation with other substances. A typical progression of drug use begins with tobacco and alcohol followed by marijuana and, increasingly, cocaine. Use of other hallucinogens, depressants and stimulants may follow as the person's body develops tolerance for the drugs most frequently used. At this point the person must either increase the dosage or try a new drug to achieve the intensity of the high experienced during the early stage of use.

It is important to note that as a person uses drugs more frequently, progressing into the seeking stage, actual physiological changes in the brain chemistry may occur. These changes are a consequence of the pharmacological properities of the drug itself, not of how or why a person uses. It is these changes which are part of a progressive pattern of the development of chemical dependency which resuls in a loss of control over drug use.

The continuum of use:

No Use

Not all young people will experiment with alcohol or other drugs. Approximately 10 percent will never try alcohol and 40 percent will never try an illicit drug.

Experimentation

Ninety percent of young people will experiment with alcohol, 60 percent will experiment with marijuana and/or other illicit drugs. Alcohol, marijuana and cigarettes are known as the "gateway drugs" because these are the drugs most commonly used during the experimental and social use stages. Use of these drugs is highly predictive of use of other drugs.

Experimentation is defined as using a substance several times to see what effect it will produce. For most young people the effects are positive. They learn, within the first few experiences, that drugs produce feelings of pleasure, competence, well-being, social ease and power - feelings often hard to come by during adolescence, especially for adolescents who may be experiencing problems. They also learn that these positive mood changes are predictable, reliable and easily attained. These are all strong motivations for continued use and, indeed, most young people do make a decision to continue use. It is important to note that experimentation only lasts for a short period and it almost always occurs in secret, with adults (parents and school personnel) usually unaware that use has occurred. Experimentation often begins late in elementary school, long before most adults suspect even potential use by the children.

Social Use

Approximately 40 to 80 percent of young people go on to the social use stage, which also usually occurs without the knowledge of parents or school personnel. The National Institute on Drug Abuse estimates that the average amount of time between first use and adult "discovery" of use is two years.

The use at this stage usually occurs in small groups or at parties held without adult supervision and is characterized by individual internalized standards for use. Teens in this category typically use only alcohol and/or marijuana, their use is confined to weekend social events, their goal is to have fun and their use is moderate. (They do not intentionally try to get drunk). Most importantly, users in this category can "take it or leave it." They do not buy their own drugs and do not make social plans based on whether or not drugs will be available.

Seeking Use

Approximately 20 to 50 percent of teens go to this next stage, which is exactly what its name implies...a stage during which teens seek out opportunities to use drugs. This stage is characterized by a breakdown of the internal standards of the social use stage. Teens in this stage begin to intentionally get drunk and they make social decisions based on the availability (or nonavailability) of drugs. As a result, peer group affiliation may fluctuate or change, use begins to occur on a weekly basis

and, during the later part of this stage, may occur during the week, before, during or after school. It is important to note that use before or at school is almost always characteristic of the late-seeking and harmful stage. Experimenters and social users do not use at school.

This is also the stage where other drugs are tried, with the teen turning to drugs specifically for the purpose of relieving pain, stress or boredom. At this stage teens begin to buy their own drugs and paraphernalia.

Harmful Use

Approximately 10 to 30 percent of teens may become harmfully involved with drugs. This means that drug use results in ongoing problems in some area of their lives - school, family, job, friends or community. Teens in this stage have made drugs an integral part of their lifestyle. They use drugs several times a week, they use alone and they use to escape stress or negative feelings. As noted earlier, this use to relieve stress or negative feelings becomes part of a progressive cycle in which the adolescent actually experiences increased stress and negative feelings caused by pharmacological properties of the drug. By now, the user has become part of a regular drug-using peer group. This peer group may be the football team, the "druggie" group or a group of honors students. These teenagers perceive their use of drugs as "normal" teenage behavior.

The problems which occurred sporadically during the seeking use stage now begin to occur regularly. More serious problems such as truancy, stealing, car accidents and deliquency often develop in the mid to late phase of harmful use. When confronted with their increasingly negative behavior, these teens blame everyone else. Rarely do they associate their problems with their drug use. They have wrapped themselves in a blanket of denial to buffer the increasing pain they feel. The same thing is likely to occur in their families. Parents blame one another, the schools, the police. This "blame game" and accompanying denial of the seriousness of the problem often prevents families from getting needed help.

Many teens who progress to this stage have family and personal problems or very high levels of stress for which drugs become a means of self-medication. Their drug use actually increases their problems, pain and stress, but they will often strongly deny any association. Professional intervention is usually required for this stage of use. If it is not obtained, the confused drug use may result in even more serious problems, including addiction.

Addiction/Dependence

Approximately 1 to 10 percent of adolescents are currently or will eventually become addicted to or dependent on drugs. For those teens who are in this stage, life revolves around drugs. There is often a total breakdown in school and family functions, with dropping out of both a common occurrence. Parents and schools feel out of control the young person defies all attempts to control or help him/her. Legal problems are common at this stage, often resulting from crimes committed to get money for drugs, and the young person becomes increasingly disconnected from a "normal" lifestyle.

Early Death

Without treatment, most addicted people will die prematurely from accident, overdose, suicide, or health problems resulting from substance abuse.

Summary of Continuum of Drug Use

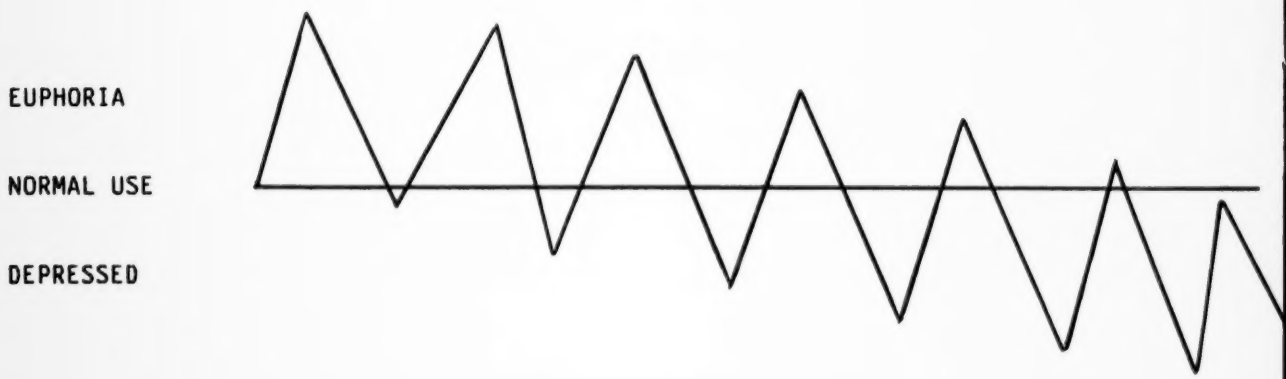
With one notable exception, it is impossible to predict, at the outset, which "experimenters" will progress to the harmful use or addiction stage. Children from families with a history of alcoholism or chemical dependency are two to four times as likely to become addicted; some studies suggest that half of all children of alcoholics will become addicted.

It is also impossible to predict how long the progression into harmful use/addiction will take. Some experts suggest that a pattern of drinking which would take 20 years to result in alcoholism in an adult may take as little as six months in an adolescent. Most experts do agree that the younger a child is when he or she begins to use alcohol and other drugs, the more likely he or she is to progress to harmful use. As noted earlier, one of America's most alarming trends is the decrease in average age of first use, which is now between the ages of 11 and 13.

For this reason, drug abuse prevention programs should have a strong emphasis on no first use or, at the very least, delayed first use until late adolescence or early adulthood.

Please note that in describing the stages of this continuum, the percentages given are general estimates, with the higher figure reflecting alcohol use and the lower figure reflecting other drug use.

The following graph another way of viewing this continuum:



This chart illustrates how drug use progresses to addiction. The horizontal line represents a person's "normal state", i.e., a reasonably well-balanced state of being. Everything above the line can be viewed as a "higher than normal" condition (euphoria, pleasure), and everything below the line can be

viewed as a "lower than normal" condition, i.e., stress, pain, discomfort. As one can see, over time the high is not as high and the return to a nondrugged state is actually the return to a state below normal. Addiction becomes, in effect, the need to use drugs just to feel normal; that is, to escape the stress and pain which have become the "normal" nondrugged state of being for the addict.

Unfortunately, many caring, dedicated adults are uninformed about such data and the implication these facts have for our children, schools and communities.

Secretary of Education William Bennett recently stated, "Drug use among children is ten times more prevalent than parents suspect." School administrators who find a student drunk or under the influence of another drug often believe that the child is only experimenting with drugs. This is particularly true if the child is rarely seen by administration for other disciplinary reasons. Studies, as previously stated, show that most youngsters who use drugs in school have been abusing drugs for two years prior to being "caught" by adults. Adults often stereotype drug-involved youth as those youngsters who are seen as "acting out". However, these children are the visible substance abusers. The invisible substance abusers are those students who are often perceived as "clean cut", those students who are academically successful or athletically talented. Study after study clearly show that drug involvement crosses all socioeconomic levels and is found in every community.

Knowing the facts about drugs and how young people use them is critical. However, it is also important to understand that substance abuse does not occur in isolation. Recent studies indicate that the increase in drug abuse parallels increases in suicide, sexual promiscuity, unwanted pregnancies, abortion, delinquency and violent crimes. Children "at risk" for one of these problems are also at greater risk for the others. Therefore, there is a great need to identify "high-risk" students early and provide intervention strategies in order to stop the epidemic of these social ills.

Children who have been identified as "high-risk" by the Drug-Free Schools and Communities Act of 1986 include the following:

- children who are victims of physical, sexual or psychological abuse;
- youth who live in alcoholic or substance abuse homes;
- youth who have "dropped out" or are at risk of dropping out;
- girls who are pregnant;
- youth who are economically disadvantaged;
- delinquent youth;
- suicidal youth;
- youth with mental health problems; and
- injured/disabled youth.

Other identified early warning signs or antecedents of potential drug use include the following:

- a predisposition towards nonconformity, rebellion and independence;
- low academic performance and motivation;
- engaging in problem behaviors that reflect deviance from traditional adult norms about appropriate adolescent activities; and
- early antisocial behavior.

These children represent a large segment of our future drug abusers, but they are only the tip of the iceberg. Many students not identified as high-risk students may also become drug involved at some point.

While we have some predictors of which students will become drug involved later on, researchers also believe that children who demonstrate specific behaviors in elementary and middle school may become drug abusers at some later point. These behaviors include high absenteeism, passive aggressive personality traits, hostility and depression. These students often have been found to lack skills such as problem solving, decision-making techniques, stress management, coping mechanisms and refusal skills. While early intervention in the lives of these children can be expensive and time consuming, studies have shown that these interventions are not only meaningful, they are also highly cost effective in the long run.

IMPLICATIONS FOR EDUCATION AND LEARNING

Numerous research studies have confirmed both the negative impact of student drug use on learning and school behavior, and the correlation between poor school performance and the initiation of drug use. While some schools continue to question their role or responsibility in addressing the drug problem, most schools have come to the realization that responding to this issue is critical in creating a school environment conducive to learning. While it is true that the primary function of the schools is to teach, we must also recognize that even the best teacher using the best methodologies will be ineffective with a student whose mind is affected by drug use.

The United States Department of Education, in its booklet, "Schools Without Drugs," summarized the following effects of drug use on learning:

- Regular drug use almost always results in a decline in academic performance;
- Students who used marijuana were twice as likely to receive D's and F's as nonusers;
- The decline in grades reverses when drug use is stopped;
- High school seniors who are drug users are three times as likely to be truant as nonusers; and
- In a Philadelphia study, dropouts were twice as likely to be frequent users as graduates; 4 in 5 dropouts used drugs regularly.

Other effects reported through research studies include:

- Drug use results in a decreased ability to concentrate, poor relationships with teachers, and lack of goal orientation
- Marijuana use specifically results in short-term memory loss, diminished ability to concentrate, reduced ability for abstract thinking, and perceptual ability impairment; and
- Students who use drugs are less likely to participate in school-related pro-social activities, such as sports and clubs.

Not only does drug use adversely affect the individual learner, it also adversely affects the total school environment. The following effects are cited in "Schools Without Drugs":

- High school seniors who use drugs are 2 1/2 times as likely to vandalize school property, and 3 times as likely to have been involved in a fight at school as nonusers;
- Drug-involved students create a climate of disruption, disrespect and apathy; and
- When drug use is prevalent, so is drug dealing, with schools being a prime "sales territory."

Schools must respond to the problem of drug abuse. Schools are the only agencies within our society that interacts with all our children. Therefore, their potential to effect change is enormous. In order for schools to rise to this occasion, they need to develop effective prevention and intervention programs within their schools for students grades K-12.

1. Prevention Component

The purpose of prevention is to stop, or at the very least, delay the initial use of drugs by young people. Prevention activities include:

- staff in-service;
- K-12 curriculum;
- drug-free recreational opportunities;
- wellness programs;
- after school supervision programs;
- critical transition programs;
- activities to promote the positive development of young people; and
- parent-focused programs.

2. Intervention Component

The purpose of intervention is to identify and obtain help for students who have already initiated drug use or who are at "high risk" to do so. This component often is not included in drug programs, and when it is included efforts tend to be focused on students for whom drug use is highly problematic, i.e., students whose behavior or academic performance is seriously imparied.

To be effective, intervention must begin early and be proactive: that is, it must anticipate, recognize and respond to drug use in its early stages, as well as its later stages. Intervention activities include:

- training of school staff;
- training of a specialized intervention or resource team;
- development of a comprehensive drug policy including procedures for intervention and referral;
- support groups;
- aftercare groups for recovering students; and
- Employee Assistance Programs.

MODEL PROGRAM

Overview of Components

School Programs Component

Parent Component

Human Resource Component

Community Involvement Component

COMPREHENSIVE SUBSTANCE ABUSE PREVENTION EDUCATION

SCHOOL PROGRAMS COMPONENT

- Substance abuse prevention education curricula, including parent component
- Drug-free activities
- Wellness promotion
- After-school programs to supervise youth
- Programs to ease critical transitions
- Support groups and activities for "at-risk" students, as well as aftercare groups for recovering students
- Activities that promote the development of capable young people
- Team approach for identification, intervention, and referral for "at-risk" students
- Clear identification procedures for referring "at-risk" students

COMMUNITY INVOLVEMENT COMPONENT

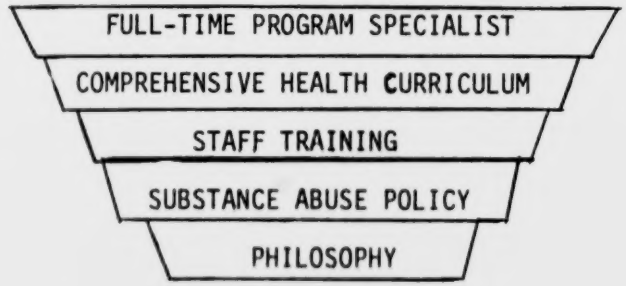
- Coordination and collaboration with local agencies and civic groups
- Participation in local Substance Abuse Prevention Council
- Training of auxiliary and support personnel

HUMAN RESOURCE COMPONENT

- E A P
- Comprehensive In-service
- School climate
- Budget allotments

PARENT COMPONENT

- Parent orientation, awareness training
- Parent-school collaboration
- Parent support programs



In order to develop effective programs within the school environment that will prevent substance abuse, a multifaceted, multidimensional approach must be undertaken.

While such an overall program may seem overwhelming, change can and will happen if the development of these programs is approached in a sequential, well-thought-out manner.

The following page is an overall schematic of the components necessary for an effective substance abuse prevention education program. It is important and necessary to first build a solid foundation composed of:

- a well-developed philosophy of education;
- a substance abuse policy reflecting state and federal law;
- a well-trained staff;
- a comprehensive health curriculum with a skills-based substance abuse prevention component for grades K-12 inclusive; and
- a full-time health specialist.

Once a school system has developed its foundation, it becomes important to address each component within the model: parent resources, human services, community, and school programs. While each school district needs to carefully assess its own ability to develop programs, the following discussion articulates key elements that can support the concept of prevention education.

The workbook that can be found at the end of this section provides detailed information concerning appropriate programs and a means to assess and evaluate these programs.

Traditionally, schools have translated the words "prevention education" into the word "curricula." While systematic, well-developed curricula materials are important, history has taught us that knowledge of the dangers of drugs does not in itself prevent drug involvement. In order to prevent drug involvement, schools, communities and parents must look at the broad picture of student life and develop programs and activities for youth that are meaningful. Activities that develop positive self-image and confidence, reward responsible behavior, and provide opportunities for young people to be productive and enjoy life in a drug-free environment, are necessary.

For instance, schools need to provide structured activities for after school hours when children today are often left unsupervised and bored. Some schools, in conjunction with a local community service agency or church or temple, have run after school programs that provide children with not only a safe environment, but also one in which they can develop positive self-images.

For older children, drug-free dances, proms and graduations need to be offered. These programs have been very successful when both adults and students work together to structure these activities.

Schools need to provide a variety of programs that offer support and guidance to children at critical stages of life. For instance, many shools have orientation programs for students who will be entering middle or junior high school. These programs, however, often are limited to discussion of course offerings, requirements and regulations. While this information is important, it is also important to discuss some of the emotional issues that surround this type of transition.

Support groups within the school for children who recently have lost a parent through death or divorce, students returning to school after drug rehabilitation, and children who have been labeled "at risk" also are critical as prevention measures.

A comprehensive health curriculum should be in place. This curriculum should provide students with both factual information and the skills necessary to survive in the 1990s. These skills should include decision making, coping skills, refusal skills and problem-solving techniques.

Lastly, schools need to train core resource teams. These teams (which usually are composed of teachers, guidance counselors, a school nurse, a school psychologist and/or social worker and administrators), serve as early intervention mechanisms. Parents, teachers and other school personnel can refer to this team students who exhibit early warning signs of distress. A systematic evaluation can then be accomplished and referral made to appropriate resources.

COMMUNITY INVOLVEMENT COMPONENT

In the past, schools often have felt alone in the field of substance abuse prevention education. When a youth was caught with drugs in schools, blame was often leveled at poor teaching or ineffective school policy and procedures. In reality, schools can only do so much. In order to deal effectively with substance abuse, schools must coordinate and collaborate with local helping agencies, churches, temples and civic groups.

Local substance abuse prevention councils often provide effective vehicles for this type of community collaboration. It is important that these councils represent the various constituents within the community, including an elected official. The activities these councils engage in can be extremely broad.

Within this component, it is also important that schools and communities make training in substance abuse prevention available to noncertified personnel who have direct contact with children. This training should be extended to street crossing guards, bus drivers, cafeteria workers, hall monitors and others who provide services to students.

HUMAN RESOURCE COMPONENT

Someone once stated that the most important resource in any field are the people who serve within that field. Certainly this is true within the field of education.

In order to maximize the effectiveness of our school personnel, schools must support these people both financially and emotionally. Continually requesting teachers and administrators to develop materials, offer courses and design new curricula without adequate funding is demoralizing, and results in poor school climate and reduced job performance. Adequate funding for new programs is critical in order to ensure success of these programs.

Accordingly, schools need to provide in-service training for staff in many areas, including substance abuse prevention education.

It is also recommended that Employee Assistance Programs (EAP) are developed for staff. Employee Assistance Programs, presently available in some schools and corporations, are a proven strategy for increasing productivity and for reducing the costs of health care.

Ultimately, staff members who believe their emotional, educational and financial needs are being met will only then be able to address similar needs in their students.

Parents are often the invisible component within the field of substance abuse prevention education. Parents and schools often view themselves as adversaries. This unfortunate concept erodes an important collaborative link between parents and schools. In reality, the bond between parents and schools should be a close one. The well-being of a child is, after all, the most important issue that both parents and schools have in common. Efforts to develop this common interest are critical to the success of substance abuse prevention education. Parents need to be provided with expanded orientation programs, awarness training and support groups. They need to feel that schools are open to their suggestions and concerns. School personnel also need the support of parents in developing programs, sponsoring extracurricular activities and providing the school with legislative support on the local, state and national levels.

A WORKBOOK

Planning

Curriculum

Policy and Procedures

Self-Assessment Checklist

Getting Started

Laying a solid foundation is crucial. Such a foundation is formed and fortified through the creation of a task force or coordinating committee with representation from a wide segment of the school and community, including school personnel, parents, community leaders and students.

Initial Meeting

At the initial meeting, review the State Department of Education Substance Abuse Prevention Resource Guide or a similar document. Discuss the concepts and various components of the comprehensive model substance abuse prevention project. Determine the resources (staff, materials and funds) the district has to support the coordination or expansion of existing programs to achieve a comprehensive program. Estimate and discuss the approximate length of time to institute all components of this system. Make initial preparations to formally assess the current program in relation to the comprehensive program model.

Gathering Information

Use the checklist included in this packet as a guide to assess what components of the comprehensive model are currently in place. The assessment checklist includes all components of a model substance abuse prevention program. (See page 63.)

Discussion Groups

Hold discussion groups with parents, teachers, students and interested community people to get their views on what they perceive the current programs and services are, how effective these efforts are, and how they view coordination of existing programs with the development of a comprehensive substance abuse prevention program. If formal surveys are deemed appropriate, model surveys may be obtained from the Connecticut Alcohol and Drug Abuse Commission or the Department of Education.

Analyzing the Information

Take the information from the discussions with key groups and the findings from the checklists and surveys. Summarize the information for each major component of the model plan. From the summaries, develop a list of conclusions agreed upon by the committee.

Developing Recommendations

From the conclusions, develop specific recommendations regarding what work needs to be done in the district to establish a comprehensive prevention program.

Writing a Plan for Action

From each recommendation, develop a plan for how it will be implemented. One example of an action plan format are included in this guide. Whatever form you choose, state the objective, the timetable, the staff and committee members responsible for each recommendation. Start out by limiting yourself to a few recommendations and specific plans.

Once the plan has been developed by the committee, allow ample time for input by parents, teachers, students and community people. At this stage, the school board's approval may be appropriate or required.

Implementation of the Plan

The development and implementation of a comprehensive substance abuse prevention program will not happen overnight. It is probably a three-to-four year effort. While this may seem like a long time, the problem of student substance abuse is not new, and it is too complex to expect simple, quick solutions to resolve the problem. Critical, however, to the success of this program will be the ability to sustain the effort over a long period. In order to achieve this, the following suggestions are made:

- Think carefully about leadership;
- Don't expect leadership from a teacher or administrator who is overextended;
- Think about co-leaders, pairing an experienced school leader with a person with leadership potential;
- Encourage participation from all groups -- parents, teachers, students, community members. Try to reach parents who don't often come to school, and students who aren't the athletes and student council members. The more diverse the group, the greater the support for the project;
- SCHEDULE planning time. If possible, schedule a regular meeting time during school and try to free teachers involved in the committee for that period; and
- Be sensitive to the needs of parents in your district (e.g., working parents, parents who commute long distances, etc.).

PROJECT WORKPLAN

(sample)

GOAL:

OBJECTIVES	ACTIVITIES	TIMETABLE	STAFF POSITION(S) RESPONSIBLE

The proposed curriculum outline for the Substance Abuse Prevention Education Resource Guide is based on a psychosocial approach to substance abuse prevention. From this perspective, substance use is conceptualized as a socially-learned behavior which is mediated by personality factors, social skills, cognitions and attitudes (Jessor and Jessor, 1977). Rather than focusing solely on factual information regarding the dangers of drug use, the psychosocial model of substance abuse prevention aims at increasing students' general personal and social competencies.

It is important to teach information about the harmful effects of drugs within the context of a larger program designed to teach students more general life competencies. A kindergarten through grade 12 program creates a unique opportunity for reinforcing, integrating and building upon concepts at numerous points throughout the life span. While the different components of the program listed below will be applicable to all age groups, the emphasis and degree of specificity will vary according to the developmental level of the target children. In the same way, peer resistance techniques will become more strongly emphaszied and discussed during middle childhood and early adolescence.

The continuity of curriculum content across the school years allows for the reinforcement of knowledge, practice of skills and finer differentiation of issues associated with specific competencies. What follows is a description of topic areas appropriate throughout the school years, to be developed and integrated by school personnel for particular developmental levels.

Any curriculum considered should comprise the following components:

- Substance abuse and health information;
- Personal skills;
- Coping skills; and
- Social skills.

Direct instruction, videotapes, cued rehearsal, homework assignments, diaries, various individual and small-group activities, role playing, community speakers and discussion of real-life issues can be used as instructional tools.

1. The first component, Substance Abuse and Health Information, will contain material about the physiological and social effects of tobacco, alcohol and drugs, and information about the role of substances in society, habit development and other health-related information for healthy living (nutrition, importance of exercise, etc.).

2. The Personal Skills component will focus on facilitating positive self-concept and self-efficacy, stress management, goal setting, good health habits, responsibility, delay of gratification, and self-improvement techniques.

3. The Coping Skills component will contain material on dealing with stress and anxiety, resisting peer pressure, developing problem-solving and decision-making skills, coping with failure and frustration, and finding resources when problem situations arise that require outside intervention.

4. The Social Skills component will focus on peer and family relationship issues, understanding peer pressure and conformity, expressing feelings, and developing effective communication, assertiveness and refusal skills.

These four components should be integrated in the curriculum. Lessons should focus on both knowledge and skills that will promote personal and social competence, thereby impacting on factors that mediate substance abuse.

The precise way in which these components can be articulated across the grade levels may vary from curriculum to curriculum. Included in the following pages are representative examples of how these components can be developed from kindergarten to grade 12.

Checklist for Curriculum Assessment

There are a variety of excellent curricula available which focus on the prevention of substance abuse. The most promising curricula for substance abuse prevention aim at increasing those general personal and social competencies which mediate substance abuse and other health-compromising behaviors. Thus, curriculum lessons should be chosen which focus on personal and social skills such as developing self-esteem, problem-solving abilities, communication skills, understanding and resisting peer pressure, stress management, and dealing with negative emotions. What follows is a checklist of recommended topics that should be taken into consideration when choosing curriculum materials.

OBJECTIVES

By completion of the 3rd grade, students should be able to:

- Summarize the effects of rest, exercise and food on the way a person feels.
- State that drugs and medicines cause changes in your body that can help or hurt you.
- Identify harmful substances in their environment.
- Identify persons who should administer medicine.
- Describe different emotions and identify facial expressions of each.
- State that people have different feelings at different times.
- Recognize their own uniqueness.
- In a variety of situations, be able to demonstrate examples of receiving affirmation from others.
- In a variety of situations, be able to demonstrate techniques for handling feelings.
- Name reasons for rules, sharing and taking turns.
- In situations involving rules, sharing and taking turns, be able to state the choices and consequences of each.

Used with permission from materials developed by the Florida State Department of Education.

OBJECTIVES

By completion of the 6th grade, students should be able to:

- Summarize the individual's responsibility in maintaining a health body and mind.
- Classify items in the household as harmful if inappropriately used.
- Summarize the concept that drugs affect the body and mind.
- In a variety of situations in which interpersonal skills are required, demonstrate those skills.
- Be able to identify characteristics (i.e., clothing, recreation, interests) of a peer group.
- Given examples of peer pressure and peer group conflict, generate several responses to each.
- Summarize the potential effects of peers on decision making.
- Give examples of how one's feelings affect one's actions.
- List healthy ways of expressing and dealing with feelings, including asking for help in times of crisis (death, divorce, etc.).
- List unique qualities and personal strengths.
- Define drug, psychoactive, prescription drugs, street drugs and over-the-counter drugs, foods that contain drugs (coffee, cola) and look-alike drugs.
- List and summarize factors that may affect how drugs work in the body (e.g., mood, setting, etc.).
- List reasons why people choose/choose not to abuse drugs.
- List the negative effects of tobacco.
- List the negative effects of marijuana.
- List the negative effects of inhalants.
- List the negative effects of alcohol.
- Discuss problems associated with look-alike drugs.
- Name positive activities to have fun.

OBJECTIVES

By completion of the 8th grade, students should be able to:

- Identify several examples of self-enhancing and self-destructive behaviors.
- Name several examples of adolescent growth and development in the physical, psychological and social realms.
- List the steps of a decision making model.
- Name ways that feelings and attitudes affect decision making behavior.
- List potential consequences of risk-taking behavior.
- Summarize the effect of group influences on personal values.
- Given several scenarios involving social pressure, be able to demonstrate coping mechanisms.
- Given situation in which it is necessary to communicate one's decisions, be able to demonstrate skills of communicating.
- Define drug tolerance and drug dependency, and review the terms drug, psychoactive, prescription drugs, street drugs, over-the-counter drugs, foods that contain drugs and look-alike drugs.
- Given a list of commonly abused drugs, be able to identify to which psychoactive class each drugs belongs.
- State that drug use occurs on a continuum (e.g., use/abuse, experimentation/dependency).
- Summarize the synergistic effect of combining two or more drugs.
- Contrast the effects of drugs on the developing adolescent body and the mature adult body.
- State legal ramificationsof drug use.
- List advertising influences on a drug-oriented society.
- List community and other positive activities as alternatives to drug use.
- List local resources where students can go for self, family or friends with drug-related problems.

OBJECTIVES

By completion of the 12th grade, students should be able to:

- State potenial positive and negative social, physical, psychological, legal and economic effects of drugs on self, family and friends.
- List steps of a decision making model in the correct sequence.
- Given a hypothetical drug use situation, be able to generate a decision using the steps of a decision making model.
- Summarize the role of personal beliefs in one's decison making process.
- Given several situations involving peer pressure to use drugs, be able to classify by name or description appropriate assertiveness techniques.
- Describe the qualities associated with a positive self-concept.

Information

___ Facts about alcohol

___ Facts about tobacco

___ Facts about illicit drugs

___ Facts about prescription and over-the-counter drugs

___ Facts about poisonous substances

___ Facts about household substances

___ Facts about the prevalence of alcohol and drug use in our culture

___ Effects of alcohol on the body

___ Effects of other drugs on the body

___ The role of the media in substance use

___ Categories of drugs

___ Effects of alcohol and drug dependency on the family and society

___ Legal issues surrounding substance use

___ Stages of substance dependency

___ DWI - Issues about substance use and driving

___ Societal issues regarding substance use as it relates to the workplace, sports, music, suicide and sexual activity

___ Risks associated with substance use

___ Resources for information and help

Personal Skills

___ Recognizing problems

___ Promoting positive self-concept

___ Developing self-discipline

___ Making decisions

___ Developing healthy habits

___ Learning self-control

___ Identifying feelings in ourselves

___ Identifying feelings in others

___ Setting personal standards

___ Assertiveness

___ Setting goals

___ Developing good judgment

___ Managing time effectively

___ Building self-confidence

Social Skills

___ Developing good communication skills

___ Taking the perspective of others

___ Learning how to cooperate and share

___ Understanding the consequences of one's behavior

___ Resisting peer pressure

___ Establishing and maintaining friendships

___ Resolving conflicts constructively

___ Refusal Skills

Coping Skills

___ Managing stress

___ Dealing with frustration

___ Finding resources

___ Coping with failure

___ Asking for help

___ Being adaptable and flexible

___ Overcoming obstacles

EFFECTIVE DRUG POLICIES AND PROCEDURES

It is important to remember that drug use in Connecticut is illegal. This includes the use of alcohol by anyone under the age of 21. Therefore, it is evident that schools must have clearly written and articulated policies and procedures for dealing with students' illegal use of drugs. It is critical that these provide for help with drug problems as well as outline disciplinary consequences.

Often, schools, in fact, do have written policies on drug use. However, teachers are often unsure of what to do if they suspect a youngster is under the influence. Students report that "nothing really happens if you get caught," or that punishment for drug involvement varies from case to case. This confusion leads to greater student drug use and an increased mistrust of authority on the part of the students.

In order to produce drug-free schools, parents, teachers and students must know the school's drug policy and procedures, and must understand that these procedures will be uniformly administered.

In formulating a school drug policy, it is important to use simple language that is clear and understandable to everyone. These policies should incorporate avenues for punishment as well as support and help for those students who are willing to change their behavior.

The following are excerpts from Schools Without Drugs. They are included here to help guide schools in developing legally sound policies and procedures.

Federal law accords school officials broad authority to regulate student conduct and supports reasonable and fair disciplinary action. The Supreme Court recently reaffirmed that the constitutional rights of students in school are not "automatically coextensive with the rights of adults in other settings."[1] Rather, recognizing that "in recent years . . . drug use and violent crime in the schools have become major social problems," the Court has emphasized the importance of effective enforcement of school rules.[2] On the whole, a school "is allowed to determine the methods of student discipline and need not exercise its discretion with undue timidity."[3]

An effective campaign against drug use requires a basic understanding of legal techniques for searching and seizing drugs and drug-related material, for suspending and expelling students involved with drugs, and for assisting law enforcement officials in the prosecution of drug offenders. Such knowledge will both help schools identify and penalize students who use or sell drugs at school and enable school officials to uncover the evidence needed to support prosecutions under Federal and State criminal laws that contain strong penalties for drug use and sale. In many cases, school officials can be instrumental in successful prosecutions.

In addition to the general Federal statutes that make it a crime to possess or distribute a controlled substance, there are special Federal laws designed to protect children and schools from drugs:

An important part of the Comprehensive Crime Control Act of 1984 makes it a *Federal crime to sell drugs in or near a public or private elementary or secondary school.* Under this new *"schoolhouse" law,* sales within 1,000 feet of school grounds are punishable by up to *double* the sentence that would apply if the sale occurred elsewhere. Even more serious mandatory penalties are available for repeat offenders.[4]

Distribution or sale to minors of controlled substances is also a *Federal crime.* When anyone over age 21 sells drugs to anyone under 18, the seller runs the risk that he will receive up to *double* the sentence that would apply to a sale to an adult. Here too, more serious penalties can be imposed on repeat offenders.[5]

By working with Federal and State prosecutors in their area, schools can help to ensure that these laws and others are used to make children and schools off-limits to drugs.

The following pages describe in general terms the Federal laws applicable to the development of an effective school drug policy. This handbook is not a compendium of all laws that may apply to a school district, and it is not intended to provide legal advice on all issues that may arise. School officials must recognize that many legal issues in the school context are also governed, in whole or in part, by State and local laws, which, given their diversity, cannot be covered here. Advice should be sought from legal counsel in order to understand the applicable laws and to ensure that the school's policies and actions make full use of the available methods of enforcement.

Most private schools, particularly those that receive little or no financial assistance from public sources and are not associated with a public entity, enjoy a greater degree of legal flexibility with respect to combating the sale and use of illegal drugs. Depending on the terms of their contracts with enrolled students, such schools may be largely free of the restrictions that normally apply to drug searches or the suspension or expulsion of student drug users. Private school officials should consult legal counsel to determine what enforcement measures may be available to them.

School procedures should reflect the available legal means for combating drug use. These procedures should be known to and understood by school administrators and teachers as well as students, parents, and law enforcement officials. Everyone should be aware that school authorities have broad power within the law to take full, appropriate, and effective action against drug offenders. Additional sources of information on legal issues in school drug policy are listed at the end of this handbook.

SEARCHING FOR DRUGS WITHIN THE SCHOOL

In some circumstances, the most important tool for controlling drug use is an effective program of drug searches. School administrators should not condone the presence of drugs *anywhere* on school property. The presence of any drugs or drug-related materials in school can mean only one thing—that drugs are being used or distributed in school. Schools committed to fighting drugs should do everything they can to determine whether school grounds are being used to facilitate the possession, use, or distribution of drugs and to prevent such crimes.

In order to institute an effective drug search policy in schools with a substantial problem, school officials can take several steps. First, they can identify the specific areas in the school where drugs are likely to be found or used. Student lockers, bathrooms, and "smoking areas" are obvious candidates. Second, school administrators can clearly announce *in writing* at the *beginning* of the school year that these areas will be subject to unannounced searches and that students should consider such areas "public" rather than "private." The more clearly a school specifies that these portions of the school's property are public, the less likely it is that a court will conclude that students retain any reasonable expectation of privacy in these places and the less justification will be needed to search such locations.

School officials should, therefore, formulate and disseminate to all students and staff a written policy that will permit an effective program of drug searches. Courts have usually upheld locker searches where schools have established written policies under which the school retains joint control over student lockers, maintains duplicate or master keys for all lockers, and reserves the right to inspect lockers at any time.[6] While this has not become established law in every part of the country, it will be easier to justify locker

searches in schools that have such policies. Moreover, the mere existence of such policies can have a salutary effect. If students know that their lockers may be searched, drug users will find it much more difficult to maintain quantities of drugs in school.

The effectiveness of such searches may be improved with the use of specially trained dogs. Courts have generally held that the use of dogs to detect drugs on or in *objects* such as lockers, ventilators, or desks as opposed to persons, is not a "search" within the meaning of the Fourth Amendment.[7] Accordingly, school administrators are generally justified in using dogs in this way.

It is important to remember that any illicit drugs and drug-related items discovered at school are evidence that may be used in a criminal trial. School officials should be careful, first, to protect the evidentiary integrity of such seizures by making sure that the items are obtained in permissible searches, since unlawfully acquired evidence will not be admissible in criminal proceedings. Second, school officials should work closely with local law enforcement officials to preserve, in writing, the nature and circumstances of any seizure of drug contraband. In a criminal prosecution, the State must prove that the items produced as evidence in court are the same items that were seized from the suspect. Thus, the State must establish a "chain of custody" over the seized items which accounts for the possession of the evidence from the moment of its seizure to the moment it is introduced in court. School policy regarding the disposition of drug-related items should include procedures for the custody and safekeeping of drugs and drug-related materials prior to their removal by the police and procedures for recording the circumstances regarding the seizure.

Searching Students

In some circumstances, teachers or other school personnel will wish to search a student whom they believe to be in possession of drugs. The Supreme Court has stated that searches may be carried out according to "the dictates of reason and common sense."[8] The Court has recognized that the need of school authorities to maintain order justifies searches that might otherwise be unreasonable if undertaken by police officers or in the larger community. Thus the Court held in 1985 that school officials, unlike the police, do *not* need "probable cause" to conduct a search. Nor do they need a search warrant.[9]

Under the Supreme Court's ruling:

- School officials may institute a search if there are "reasonable grounds" to believe that the search will reveal evidence that the student has violated or is violating either the law or the rules of the school.
- The extent of the permissible search will depend on whether the measures used are reasonably related to the purpose of the search and are not excessively intrusive in light of the age and sex of the student.

- School officials are not required to obtain search warrants when they carry out searches independent of the police and other law enforcement officials. A more stringent legal standard may apply if law enforcement officials are involved in the search.

Interpretation of "Reasonable Grounds"

Lower courts are beginning to interpret and apply the "reasonable grounds" standard in the school setting. From these cases it appears that courts will require more than general suspicion, curiosity, rumor, or a hunch to justify searching a student or his possessions. Factors that will help sustain a search include the observation of specific and describable behavior or activities leading one reasonably to believe that a given student is engaging in or has engaged in prohibited conduct. The more specific the evidence in support of searching a particular student, the more likely the search will be upheld. For example, courts using a "reasonable grounds" (or similar) standard have upheld the right of school officials to search:

- A student's purse, after a teacher saw her smoking in a restroom and the student denied having smoked or being a smoker.[10]
- A student's purse, after several other students said that she had been distributing firecrackers.[11]
- A student's pockets, based on a phone tip about drugs from an anonymous source believed to have previously provided accurate information.[12]

Scope of the Permissible Search

School officials are authorized to conduct searches within reasonable limits. The Supreme Court has described two aspects of these limits. First, when officials conduct a search, they must use only measures that are reasonably related to the purpose of the search; second, the search may not be excessively intrusive in light of the age or sex of the student. For example, if a teacher believes she has seen one student passing a marijuana cigarette to another student, she might reasonably search the students and any nearby belongings in which the students might have tried to hide the drug. If it turns out that what the teacher saw was a stick of gum, she would have no justification for any further search for drugs.

The more intrusive the search, the greater the justification that will be required by the courts. A search of a student's jacket or bookbag can often be justified as reasonable. At the other end of the spectrum, strip searches are considered a highly intrusive invasion of an individual's privacy and are viewed with disfavor by the courts (although even these searches have been upheld in certain extraordinary circumstances).

School officials do not necessarily have to stop a search if they find what they are looking for. If the search of a student reveals items that create rea-

sonable grounds for suspecting that he may also possess other evidence of crime or misconduct, the school officials may continue the search. For example, if a teacher justifiably searches a student's purse for cigarettes and finds rolling papers like those used for marijuana cigarettes, it will then be reasonable for the teacher to search the rest of the purse for other evidence of drugs.

Consent

If a student consents to a search, the search is permissible, regardless of whether there would otherwise be reasonable grounds for the search. To render such a search valid, however, the student must give consent knowingly and voluntarily.

Establishing whether the student's consent was voluntary can be difficult, and the burden is on the school officials to prove voluntary consent. If a student agrees to be searched out of fear or as a result of other coercion, that consent will probably be found invalid. Similarly, if school officials indicate that a student must agree to a search or if the student is very young or otherwise unaware that he has the right to object, his consent will also be held invalid. School officials may find it helpful to explain to students that they need not consent to a search. In some cases, standard consent forms may be useful.

If a student is asked to consent to a search and refuses, that refusal does not mean that the search may not be conducted. Rather, in the absence of consent, school officials retain the authority to conduct a search when there are reasonable grounds to justify it, as described previously.

Special Types of Student Searches

Schools with severe drug problems may occasionally wish to resort to more intrusive searches, such as the use of trained dogs or urinalysis to screen students for drug use. The Supreme Court has yet to address these issues. The following paragraphs explain the existing rulings on these subjects by other courts:

- *Specially trained dogs.* The few courts that have considered this issue disagree as to whether the use of a specially trained dog to detect drugs on students constitutes a search within the meaning of the Fourth Amendment. Some courts have held that a dog's sniffing of a student is a search, and that, in the school setting, individualized grounds for reasonable suspicion are required in order for such a "sniff-search" to be held constitutional.[13] Under this standard, a blanket search of a school's entire student population by specially trained dogs would be prohibited.

  At least one other court has held that the use of trained dogs does not constitute a search, and has permitted the use of such dogs without indi-

vidualized grounds for suspicion.[14] Another factor that courts may consider is the way that the dogs detect the presence of drugs. In some instances, the dogs are merely led down hallways or classroom aisles. In contrast, having the dogs actually touch parts of the students' bodies is more intrusive and would likely require specific justification.

Courts have generally held that the use of specially trained dogs to detect drugs on objects, as opposed to persons, is not a search within the meaning of the Fourth Amendment. Therefore, school officials may often be able to use dogs to inspect student lockers and school property.[15]

- *Drug testing.* The use of urinalysis or other tests to screen students for drugs is a relatively new phenomenon and the law in this area is still evolving. The few courts that have considered this issue so far have not upheld urinalysis to screen public school students for drugs.[16] The permissibility of drug testing of students has not yet been determined under all circumstances, although drug testing of adults has been upheld in the criminal law setting.

SUSPENSION AND EXPULSION

A school policy may lawfully provide for penalties of varying severity, including suspension and expulsion, to respond to drug-related offenses. The Supreme Court has recently held that because schools "need to be able to impose disciplinary sanctions for a wide range of unanticipated conduct disruptive of the educational process," a school's disciplinary rules need not be as detailed as a criminal code.[17] Nonetheless, it is helpful for school policies to be explicit about the types of offenses that will be punished and about the penalties that may be imposed for each of these (e.g., use, possession, or sale of drugs). State and local law will usually determine the range of sanctions that is permissible. In general, courts will require only that the penalty imposed for drug-related misconduct be rationally related to the severity of the offense.

School officials should not forget that they have jurisdiction to impose punishment for some drug-related offenses that occur off campus. Depending upon State and local laws, schools are often able to punish conduct at off-campus, school-sponsored events as well as off-campus conduct that has a direct and immediate effect on school activities.

Procedural Guidelines

Students facing suspension or expulsion from school are entitled under the U.S. Constitution and most State constitutions to common sense due process protections of notice and an opportunity to be heard. Because the Supreme Court has recognized that a school's ability to maintain order would be impeded if formal procedures were required every time school authori-

ties sought to discipline a student, the Court has held that the nature and formality of the "hearing" will depend on the severity of the sanction being imposed.

A formal hearing is not required when a school seeks to suspend a student for 10 days or less.[18] The Supreme Court has held that due process in that situation requires only that:

- The school must inform the student, either orally or in writing, of the charges against him and of the evidence to support those charges.
- The school must give the student an opportunity to deny the charges and present his side of the story.
- As a general rule, this notice and rudimentary hearing should precede a suspension. However, a student whose presence poses a continuing danger to persons or property or an ongoing threat of disrupting the academic process may be immediately removed from school. In such a situation, the notice and rudimentary hearing should follow as soon as possible.

The Supreme Court has also stated that more formal procedures may be required for suspensions longer than 10 days and for expulsions. Although the Court has not established specific procedures to be followed in those situations, other Federal courts[19] have set the following guidelines for expulsions. These guidelines would apply to suspensions longer than 10 days as well:

- The student must be notified in writing of the specific charges against him which, if proven, would justify expulsion.
- The student should be given the names of the witnesses against him and an oral or written report on the facts to which each witness will testify.
- The student should be given the opportunity to present his own defense against the charges and to produce witnesses or testimony on his behalf.

Many States have laws governing the procedures required for suspensions and expulsions. Because applicable statutes and judicial rulings vary across the country, local school districts may enjoy a greater or lesser degree of flexibility in establishing procedures for suspensions and expulsions.

School officials must also be aware of the special procedures that apply to suspension or expulsion of handicapped students under Federal law and regulations.[20]

Effect of Criminal Proceedings Against a Student

A school may usually pursue disciplinary action against a student regardless of the status of any outside criminal prosecution. That is, Federal law does not require the school to await the outcome of the criminal prosecution before initiating proceedings to suspend or expel a student or to impose whatever other penalty is appropriate for the violation of the school's rules. In

addition, a school is generally free under Federal law to discipline a student when there is evidence that the student has violated a school rule, even if a juvenile court has acquitted (or convicted) the student or if local authorities have declined to prosecute criminal charges stemming from the same incident. Schools may wish to discuss this subject with counsel.

Effect of Expulsion

State and local law will determine the effect of expelling a student from school. Some State laws require the provision of alternative schooling for students below a certain age. In other areas, expulsion may mean the removal from public schools for the balance of the school year or even the permanent denial of access to the public school system.

CONFIDENTIALITY OF EDUCATION RECORDS

To rid their schools of drugs, school officials will periodically need to report drug-related crimes to police and to assist local law enforcement authorities in detecting and prosecuting drug offenders. In doing so, schools will need to take steps to ensure compliance with Federal and State laws governing confidentiality of student records.

The Federal law that addresses this issue is the Family Educational Rights and Privacy Act (FERPA),[21] which applies to any school that receives Federal funding and which limits the disclosure of certain information about students that is contained in education records.[22] Under FERPA, disclosure of information in education records to individuals or entities other than parents, students, and school officials is only permissible in specified situations.[23] In many cases, unless the parents or an eligible student[24] provides written consent, FERPA will limit a school's ability to turn over education records or to disclose information from them to the police. Such disclosure is permitted, however, if (1) it is required by a court order or subpoena, or (2) it is warranted by a health or safety emergency. In the first of these two cases, reasonable efforts must be made to notify the student's parents before the disclosure is made. FERPA also permits disclosure if a State law enacted before November 19, 1974, specifically requires disclosure to State and local officials.

Schools should be aware, however, that because FERPA only governs information in education records, it does not limit disclosure of other information. Thus, school employees are free to disclose any information of which they become aware through personal observation. For example, a teacher who witnesses a drug transaction may, when the police arrive, report what he witnessed. Similarly, evidence seized from a student during a search is not an education record and may be turned over to the police without constraint.

State laws and school policies may impose additional, and sometimes more restrictive, requirements regarding the disclosure of information about students. Since this area of the law is complicated, it is especially important that an attorney be involved in formulating school policy under FERPA and applicable State laws.

OTHER LEGAL ISSUES

Lawsuits Against Schools or School Officials

Disagreements between parents or students and school officials about disciplinary measures usually can be resolved informally. Occasionally, however, a school's decisions and activities relating to disciplinary matters are the subject of lawsuits by parents or students against administrators, teachers, and school systems. For these reasons, it is advisable that school districts obtain adequate insurance coverage for themselves and for *all* school personnel for liability arising from disciplinary actions.

Suits may be brought in Federal or State court; typically, they are based on a claim that a student's constitutional or statutory rights have been violated. Frequently, these suits will seek to revoke the school district's imposition of some disciplinary measure, for example, by ordering the reinstatement of a student who has been expelled or suspended. Suits may also attempt to recover money damages from the school district or the employee involved, or both; however, court awards of money damages are extremely rare. Moreover, although there can be no guarantee of a given result in any particular case, courts in recent years have tended to discourage such litigation.

In general, disciplinary measures imposed reasonably and in accordance with established legal requirements will be upheld by the courts. As a rule, Federal judges will not substitute their interpretations of school rules or regulations for those of local school authorities or otherwise second-guess reasonable decisions by school officials.[25] In addition, school officials are entitled to a qualified good faith immunity from personal liability for damages for having violated a student's Federal constitutional or civil rights.[26] When this immunity applies, it shields school officials from any personal liability for money damages. Thus, as a general matter, personal liability is very rare, because officials should not be held personally liable unless their actions are clearly unlawful, unreasonable, or arbitrary.

When a court does award damages, the award may be "compensatory" or "punitive." Compensatory damages are awarded to compensate the student for injuries actually suffered as a result of the violation of his or her rights and cannot be based upon the abstract "value" or "importance" of the constitutional rights in question.[27] The burden is on the student to prove that he suffered actual injury as a result of the deprivation. Thus, a student who is suspended, but not under the required procedures, will not be entitled to compensation if he would have been suspended had a proper hearing been

held. If the student cannot prove that the failure to hold a hearing itself caused him some compensable harm, then the student is entitled to no more than nominal damages, such as $1.00.[28] "Punitive damages" are awarded to punish the perpetrator of the injury. Normally, punitive damages are awarded only when the conduct in question is malicious, unusually reckless, or otherwise reprehensible.

Parents and students can also claim that actions by a school or school officials have violated State law. For example, it can be asserted that a teacher "assaulted" a student in violation of a State criminal law. The procedures and standards in actions involving such violations are determined by each State. Some States provide a qualified immunity from tort liability under standards similar to the "good faith" immunity in Federal civil rights actions. Other States provide absolute immunity under their law for actions taken in the course of a school official's duties.

Nondiscrimination in Enforcement of Discipline

Federal law applicable to programs or activities receiving Federal financial assistance prohibits school officials who are administering discipline from discriminating against students on the basis of race, color, national origin, or sex. Schools should therefore administer their discipline policies even-handedly, without regard to such considerations. Thus, as a general matter, students with similar disciplinary records who violate the same rule in the same way should be treated similarly. For example, if male and female students with no prior record of misbehavior are caught together smoking marijuana, it would not, in the absence of other relevant factors, be advisable for the school to suspend the male for 10 days while imposing only an afternoon detention on the female. Such divergent penalties for the same offense may be appropriate, however, if, for example, the student who received the harsher punishment had a history of misconduct or committed other infractions after this first confrontation with school authorities.

School officials should also be aware of and adhere to the special rules and procedures for the disciplining of handicapped students under the Education of the Handicapped Act, 20 U.S.C. § 1400-20, and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.

(For legal citations, see reference section.)

SELF-ASSESSMENT CHECKLIST
PLANNING AND IMPLEMENTATION

Reaching the goal of drug-free schools depends upong the commitment of local schools to honestly assess their own resources and to form a collaboration with parents and the community to expand resources in order to meet the needs of children. The following elements constitute an effective, comprehensive program and will provide schools with a means of assessing current programs and setting goals for improvement. You may use the rating scale to determine the level of achievement for each component. The summary chart on page 73 will allow you to determine the ability of your school to address each component of substance abuse prevention education.

SYSTEM PLANNING AND MANAGEMENT

1. Schoolwide Assessment and Action Planning Process

   The school board, administration and staff recognize that a schoolwide assessment and joint school/community planning process is a prerequisite for developing drug abuse prevention programs.

2. Parent and Community Involvement

   Commitment by school personnel has been made to involve parents, students and professional community resources at every stage of the needs assessment, planning, and program development processes.

3. Clearly Stated Philosophy and Goals

   The planning process has resulted in the development and communication of the school's philosophical approach and goals for the drug abuse prevention program.

Checklist of recommended elements:

( ) goal of a drug-free school environment
( ) program includes both prevention and intervention activities
( ) school views chemical dependency as a disease
( ) prevention curriculum and activities integrate knowledge and skills
( ) programs involve school/parent/community partnership

4. Clearly Defined, Well-Communicated and Consistently Enforced Drug Policy

The planning process has resulted in the clarification and necessary modification of current school drug policy to ensure that responsibilities of students, staff, administration and parents are clearly stated, and the policy is consistently and equally enforced for all students.

Checklist for essential elements:

( ) role and responsibility of staff and administration for initiating action
( ) procedures to identify and confirm actual use, suspected use, possession, and transfer of drugs
( ) safeguards for confidentiality and due process
( ) guidelines for assessment of drug involvement and assistance to students through in-school programs and/or out-of-school referrals
( ) criteria for disciplinary action, including expulsion
( ) guidelines for communication among school personnel and between the school and the student's family
( ) Procedures to ensure compliance with policy by staff, students and students' families

5. School System Awareness Training*

The planning period has resulted in the development of a process to provide a minimum of five hours of substance abuse awareness training to members of the board of education, administrators, teaching staff, support staff (secretaries, food service workers, bus drivers and others). Provision for training of new staff entering the system also is included. (Training may be provided through use of in-school experts, outside consultant, video training program, etc.)

6. Comprehensive K-12 Health Curriculum**

The curriculum is taught at every grade level and is a skill-based program.

* See also staff in-service under Human Resource Development.

** See Curriculum section for more specific guidelines.

7. Full-Time Program Coordinator or Health Specialist

A staff person in the system has been designated to specifically develop and manage the substance abuse prevention and intervention program.

8. Long-Term Planning and Evaluation Process

A process exists within each school and within the district to periodically assess progress, evaluate outcomes and determine new priorities based on this information.

SCHOOL PROGRAMS

1. K-12 Substance Abuse Prevention Education Curriculum, including Parent Component

   Substance Abuse Prevention Education Curriculum meets criteria outlined in the Health Curriculum section, and includes a parent component.

2. Drug-Free Activities

   Recreational, community service, and social activities exist which are clearly defined as being "drug free", which promote nonuse as a desired state, and which attract students from all peer groups.

   Checklist of possible activities:

   ( )"Just Say NO" clubs
   ( ) SADD Chapters
   ( ) Intramural sports
   ( ) Social activities
   ( ) Post-prom parties
   ( ) Chemical-free graduation
   ( ) Volunteer opportunities
   ( ) Community service projects

3. Wellness Promotion Programs

   Activities exist which promote proactive care of one's physical and mental health.

   Checklist of possible activities:

   ( ) Participation in Great American Smoke Out
   ( ) Elimination of smoking areas at school for both students and staff
   ( ) Bulletin boards: displays promoting physical and mental health
   ( ) Aerobic and other physical conditioning options in P.E.
   ( ) Healthy snacks available in cafeteria
   ( ) Stress management/time management programs

4. After-School Programs to Supervise Youth

"Latch-Key" programs exist which provide after-school supervision and recreational activities, especially at the upper elementary and middle school levels.

5. Programs to Ease Critical Transitions

The school recognizes that there are several critical junctures in the development of children and youth. These include the transitions from preschool to kindergarten, elementary to middle school (5-8), and middle school to high school. The school has developed programs that support young people as they make these transitions.

6. Support Groups/Activities for "At-Risk" Students

Programs exist which help students cope with family problems, personal problems, re-entry following residential treatment, etc. These may be provided through educational groups, support groups, peer advocates, student assistance programs, "personal needs counselors," group guidance and similar programs.

Checklist of "at-risk" students (adapted from the Federal Office of Substance Abuse Prevention)

( ) Students from substance abusing families
( ) Victims of physical/sexual abuse
( ) Truant students/potential dropouts
( ) Pregnant students
( ) Economically disadvantaged students
( ) Students who have committed violent or other crimes
( ) Students with mental health problems
( ) Suicide attemptors
( ) Students disabled by injuries
( ) Students from divorced families

7. Positive Youth Development Activities

Programs and activities exist which offer opportunities for success and involvement, especially for students who have difficulty achieving success in traditional ways. Programs which recognize students for improvement are as important as those which recognize achievement.

Positive youth development activities provide children and youth with the necessary skills to effectively manage and cope with life situations. These skills include decision making, problem solving, stress management, communication skills. Positive youth development activities are most successful when young people are given meaningful opportunities to practice these skills and are adequately rewarded.

Checklist of possible activities:

( ) School spirit day
( ) Awards for improved performance/behavior
( ) Peer advocacy/tutoring programs
( ) Student disciplinary review board
( ) Student advisory groups
( ) Mutual rule-making between students and teachers in classroom
( ) Community service volunteer programs
( ) "Natural Helpers" program

COMMUNITY INVOLVEMENT COMPONENT

1. Coordination and Collaboration with Local Agencies and Civic Groups

The school system, as only one system within the overall community which serves youth, has established links with other civic groups and community agencies within the community. These groups can provide a myriad of services to the schools, such as partnership programs for employing youth, training in leadership for youth, counseling services for troubled youth, and other programming.

Examples of organizations:

( ) Youth Service Bureau
( ) Community alcohol and drug agencies for prevention and treatment
( ) Clubs, e.g., Lions, Kiwanis, Elks, Junior League, Jaycees, fraternity/sorority chapters
( ) Employers in the community
( ) Chamber of Commerce
( ) Boys' and Girls' Clubs, YMCA, YWCA
( ) Agencies providing alternative activities, such as performing arts agencies
( ) Parks and recreational centers
( ) Drop-in centers for youth

2. Participation in Local Substance Abuse Prevention Councils

Administrators and staff are active members of the local council, which has been established through the Governor's Initiative Against Student Drug Abuse.

3. Training of Auxiliary and Support Personnel

Support personnel (secretaries, cafeteria workers, aides and others) and auxiliary personnel (including bus drivers and crossing guards) have been included in substance abuse education programs, and have been invited to participate in other staff development programs.

HUMAN RESOURCE DEVELOPMENT

1. Employee Assistance Program

An Employee Assistance Program (EAP) has been established as a prevention/intervention program for school staff who may be experiencing personal problems (marital, alcoholism, drug dependency, child, financial, depression, other psychosocial problems) which may impact on their job performance. The EAP may be an in-house, staff-run program or a contracted program with an outside service provider. It provides assessment of the problem, referral to an appropriate resource, and training of supervisory/departmental staff.

Checklist of program components:

( ) Supervisory/department head training
( ) Publicity of EAP
( ) Assessment of problem
( ) Referral to resource
( ) Follow-up of employee performance

2. Comprehensive In-Service Programs

Specialized training is almost always needed by staff who will teach the substance abuse prevention curriculum or be members of the intervention team. In addition, other staff should have access to yearly in-service programs related to substance abuse and "at-risk" students.

3. School Climate

The school system has engaged in a process to develop a positive school climate. Commitment to and belief in the educational system prevents academic failure, which is predictive of later drug use. Students are more likely to be committed to schools if the school environment is just and equitable and the climate is positive. The climate of a school, according to the State Department of Education school improvement effort, is the prevailing feeling or "personality" of the school. It is influenced by human interaction, physical surroundings, organizational structures, and events. These elements combine to create a unique learning climate.

Checklist for essential elements for positive school climate:

( ) Mutual respect and trust among administrators, staff and students
( ) Participation in decision-making process
( ) Opportunities for professional, personal growth
( ) Relevance of course work to student needs
( ) Fair and consistent discipline of students
( ) Frequent student-teacher contact outside class
( ) Reward system for achievement/improvement

4. Budget Allotment

A budget line item exists for substance abuse prevention programs. This would cover expenses for a full-time coordinator, staff development, curriculum, resource materials, awareness programs, and special programs described in School Components.

5. Intervention Team

A clearly defined, specifically trained, multidisciplinary team exists which is charged with identifying and helping "at-risk" and drug-involved students. Often known as a "Student Assistance Team," it should include an administrator, guidance counselor, nurse and other support personnel, such as a social worker or psychologist. Other members may be teachers, special education personnel, and coaches.

6. Structured Intervention Procedures

Clearly defined intervention procedures have been developed and communicated to staff, students and parents.

Checklist for procedures:

( ) Method to assure early identificaton of "at-risk" or drug-involved students
( ) Clearly defined criteria and procedures for referral to intervention team
( ) Action plan for response to referral
( ) Well-defined assessment process
( ) Prompt notification of parents
( ) Criteria for in-school services/out-of-school referral
( ) Safeguards for confidentiality

PARENT COMPONENT

1. Parent/School Collaboration

A process exists for school and parents to regularly meet in order to plan and evaluate substance abuse prevention, as well as other school programs. Parent participation in and collaboration with the school has proven effective in preventing academic failure and promoting school success. Activities that promote agreement between schools and parents about learning objectives, effective conditions for learning and pro-social behavior are most successful.

Checklist of possible programs:

( ) PTA/PTO
( ) Parent participation in school programs/activites
( ) Parent/school shared decision-making processes
( ) Parent input for program development

2. Parent Support Programs

Programs exist to help parents further develop their parenting skills, receive extra suport during critical transitions, obtain professional help when needed, and become more involved in their child's life and education. These may be offered by the school or through the school's linkages with other community services.

Checklist of possible programs:

( ) Parent Education (Developing Capable Young People, STEP, PET)
( ) Parent networks (Safe Homes)
( ) Parent Support programs (Families Anonymous, Tough Love, Al-Anon, AA, etc.)
( ) Home-school liaison

SUMMARY

	high	medium	low
Schoolwide Assessment			
Parent/Community Involvement			
Philosophy/Goals			
Drug Policy			

	high	medium	low
Awareness Training			
K-12 Health Curriculum			
Program Coordinator Health Specialist			
Planning and Evaluation Process			

SUMMARY

Community Involvement	high	medium	low
Coordination and Collaboration with Local Agengies and Civic Groups			
Participation in Local Substance Abuse Councils			
Training of Auxiliary and Support Personnel			

School Programs	high	medium	low
K-12 Curriculum with Parent Component			
Drug-Free Activities			
After School Supervision/ Recreation			
Programs to Ease Critical Transitions			
Support Groups/ Activities for "At-Risk" Students			
Positive Youth Development Activities			

Parent Component	high	medium	low
Parent Orientation and Awareness Training			
Parent-School Collaboration			
Parent Support Programs			

Human Resource Development	high	medium	low
Employee Assistance Program			
Comprehensive In-Service Program			
School Climate Program			
Budget Allotment			
Intervention Team			
Structured Intervention Procedures			

APPENDIX

Suicide

Characteristics of Effective Drug Abuse Prevention Programs/Speakers

Questionaire

References

The correlation between drug use and suicide has been identified in numerous studies as well as by school and agency personnel who work with youth. It is estimated that 50 to 80 percent of youths who attempt or commit suicide are drug involved. Drugs seem to be related to suicide in at least four ways:

1. Young people who have high levels of stress or pain in their lives often turn to drugs to "medicate" this stress or pain.

2. Drug use over time will produce higher levels of stress, pain and depression. This is especially true of drugs like alcohol, marijuana and cocaine, which seem to alter the brain chemistry that regulates these feelings.

3. Drugs may be used as the method for attempting suicide; and

4. Drug use increases impulsivity and "tunnel vision", which may result in a suicidal crisis.

Progression of Suicidality

Potentially suicidal young people exhibit many of the risk factors and early warning signs that are associated with drug use.

While the path toward suicide is more difficult to trace than the path toward addictions, some general patterns do exist.

Phase One: History of high levels of stress and pain, especially in early childhood.

Young people who become suicidal usually have experienced higher than average levels of pain and stress in their lives. Some of the factors which may place a young person in a "risk" category are noted on page 84.

Phase Two: Dysfunction and warning signs.

The three most common ways in which young people show they are not able to handle the pain and stress in their lives are:

1. School Problems- This may be seen as chronic underachievement, a decline in grades, problem behavior (especially agressive acting out), lack of involvement in school activities, truancy, cheating and the like.

2. Drug Use- As mentioned earlier, drugs become a means of medicating pain and stress, leading to a downward spiral into more pain and stress.

3. Depression-Depression in adolescents is often masked by various negative behaviors which may lead to labels such as "loner", "bad kid". Often the behavioral warning signs observed in troubled adolescents are markers for more serious mental health disorders, such as depression. The warning signs of potential suicide, while easy to spot, are often misinterpreted or misdiagnosed or, worse yet, ignored as "normal adolescent behavior." These warning signs must be responded to when they begin to form a pattern or when they persist for two or more weeks. (See page 85)

Phase Three: Precipitating Event

Suicide in adolescents may be well planned and thought out or it may be impulsive. In either case there has often been some precipitating event that pushed the adolescent over a line into hopelessness and helplessness. Examples of precipitating events include:

- Loss of close relationship;
- Disciplinary crisis;
- Argument with parent;
- Recent trauma;
- Recent failure or setback; and
- Major change in life such as going to college.

At this point a suicide attempt may occur. Any attempted suicide must be taken seriously and the school must take a very active role with the family in insisting that they obtain help for their child. If help is not obtained, another attempt is likely to follow and may be the final one.

Role Of The School In Suicide Prevention

In general, the school is probably the community's most critical resource in identifying a suicidal youth. However, as with all youth problems, the school cannot do the job alone and must join forces with the community. The school has four major roles to play in suicide prevention. (A more extensive suicide resource guide to be released in the near future will provide more detail.) As with drug abuse prevention, the job cannot be done effectively by focusing on one area alone but must provide for all four.

These four areas or roles are:

1. Primary Prevention

   Activities which are undertaken to prevent substance abuse will also be effective in helping to prevent youth suicide. This is especially true of activities designed to develop basic life skills and coping mechanisms as well as activities designed to make youth feel meaningful and involved.

   Other activities that a school system should undertake include training of the total school community (including students) to recognize and refer potential suicides, development of a suicide prevention curriculum component to enhance the health/drug curriculum, and increased school/community collaboration for positive youth development.

2. Identification of and Services for Students at Risk for Suicide

   Again, many of the activities undertaken to intervene with students at risk for drug abuse apply to suicide as well. The "student assistance team" approach is particularly effective in identifying and helping these students.

   Each school also should have a suicide prevention policy and procedures, regular staff, student and parent awareness programs, and in-school supportive programs for troubled students. Specialized training also should be provided to key staff who may have to assess the degree of risk for students exhibiting warning signs of suicide.

   In addition, the school should develop formal linkages with community agencies such as hospitals and mental health centers to assure that students "at risk" for suicide receive the services they need. This is an especially important point since it is estimated that close to 75 percent of identified suicidal young people never utilize the mental health services to which they were referred.

3. Coordination of Services for Students Who Have Attempted Suicide

The school should be prepared to respond to instances of in-school or out-of-school suicide attempts with procedures that will allow for emergency medical intervention, intensified monitoring of other at-risk students, contact and support for the family, a special re-entry plan and support system for students returning to school following a suicide attempt and ongoing communication among the school, treating agency and family.

4. Post Vention - The Aftermath of a Suicide

The suicide or other sudden death of a student or faculty member will have a tremendous impact on the school community. The suicide prevention procedures should contain a plan to deal with such an event that spells out roles and responsibilities of student assistance team (or crisis team) members, provides for intensive monitoring of other at-risk students, provides an intensive school support system during the crisis period, includes measures to reduce the risk of further "copycat" suicides, and provides support to the survivor's friends and family.

This brief overview of youth suicide is designed to motivate school systems to integrate suicide prevention into their drug abuse prevention education program. Further information is available through the State Department of Education, the Connecticut Committee for Youth Suicide Prevention, or local mental health service providers.

RISK FACTORS FOR SUICIDE

No one can say with certainty which life conditions and which personality traits may combine to result in suicide. Nor can we say why one person commits suicide and another with similar circumstances does not. We can, however, identify some common themes as we look back on the lives of those who have turned to suicide. These include:

Family Factors

Suicide of a family member (especially a parent)
Loss of a parent through death or divorce
Family alcoholism
Absence of meaningful relationships and attachment within the family
Destructive, violent parent-child interactions
Inability to meet unrealistic parental expectations
Extremely permissive or authoritarian parenting
Depressed, suicidal parents
Physical, emotional or sexual abuse

Environmental Factors

Frequent relocation
School problems
Religious conflicts
Social loss
Social isolation and alienation
Incarceration for a crime
Loss of significant relationships
High levels of stress

Behavioral Factors

Running away
Alcohol/drug use
Eating disorders
School failure, truancy
Aggression, rage
Isolation from others
Fascination with death, violence and satanism
Legal problems, delinquency

Personal Factors

Depression
Feelings of powerlessness
Loneliness
Poor impulse control
Tunnel vision
Unresolved grief
Loss of identity, status
Desire for revenge or to punish another
Mental illness
Confusion/conflict about sexual identity
Alienation from traditional societal values
Compulsively perfectionistic
Lack of inner resources to deal with frustration
Inability to perceive death as final
Desire to be reunited with someone who is dead

WARNING SIGNS OF SUICIDE

It is important to note that adolescence is often a time of change and mood swings. When considering possible warning signs of suicide, you should look for the pattern (several related signs), the duration (Two or more weeks of a given pattern), the intensity and the presence of a particular crisis event. You should measure these signs against what is normal for a given adolescent.

Perhaps, most importantly, you should trust your instincts. When in doubt, seek help. Any young person exhibiting these signs is probably in need of some type of help.

Early Warning Signs

Difficulties in school
Depression (expressed as sadness or as angry acting out)
Drug abuse
Sleep disturbances
Eating disturbances
Loss of interest in activities
Hopelessness
Restlessness and agitation
Feelings of failure
Overreaction to criticism
Overly self-critical
Anger and rage (especially if directed at a parent)
Pessimism about life, about one's future
Persistent physical complaints
Inability to concentrate
Preoccupation with death, Satan (often through music)

Late Warning Signs

Talking about suicide, death
Neglect of appearance
Dropping out of activities
Isolating oneself from others (friends, parents)
Feeling that life is meaningless

Perception that no one can help them-helplessness
Sudden improvement in mood, behavior
Preoccupation with one's failures, faults
Putting one's life in order
Giving away possessions

Precipitating Events

Loss of close relationship
Disciplinary crisis
Loss of status with peers
Argument with parent
Identification with someone else who recently committed suicide
Legal problems
Incarceration
Recent failure or setback
Recent trauma (divorce, illness, move)
Anniversary of someone else's suicide
Fear of major change such as graduation
Major change in life such as going to college

CHARACTERISTICS OF EFFECTIVE DRUG ABUSE PREVENTION PROGRAMS/SPEAKERS

Following is a list of criteria and program characteristics to help school administrators make decisions about choosing effective drug abuse prevention programs and speakers. It must be stressed that short-term, "one-shot," isolated programs and speakers tend to produce few, if any, positive results. When used they should be integrated into a multi-strategy K-12 drug abuse prevention effort. A "big-name" speaker is most effective when used as a kick-off for other activities.

HIGH EFFECTIVENESS PROGRAMS/SPEAKERS

- Target use of any drug including alcohol
- Target small groups of students
- Focus on life skills such as decision making, peer resistance, assertiveness, etc., as related to drugs
- Have a positive message
- Talk about positive alternatives to drug use
- Focus on health and mental/emotional wellness as positive reasons to avoid drugs
- Use positive, successful role models to talk about how their nonuse of drugs has contributed to their success
- Follow up a "name" speaker with small group discussions, classroom exercises and other activities
- Stress that each individual has choice; the fact that your friends not to use drugs
- Create opportunities for interaction such as discussing, brainstorming, role-playing, etc.
- Encourage student analysis of pro-use messages as promoted by TV, movies and advertising
- Familiarize students with short- and long-term effects of drug use
- Explain stages of use; help students define when use becomes a problem
- Encourage students to seek help for their friends and themselves
- Familiarize students with helping resources in the school--for drugs or any other problem
- Address the issue of family alcoholism/drug dependence and encourage students from such families to seek help for themselves
- Educational materials should:

    1) be culturally specific and sensitive;
    2) be age appropriate;
    3) use a variety of learning modes--discussion, reading, audiovisual, etc; and
    4) be graphically appealing.

LOW EFFECTIVENESS PROGRAMS/SPEAKERS

- Assemblies/large groups of students
- Former drug addicts, especially those who tell "horror stories" about what drugs did to them
- "Glamorous" former users such as sports figures who are obviously successful in spite of their former use
- Drug information/pharmacology alone (not connected to life skills)
- Negative messages; scare tactics
- "one-shot" programs with no follow-up
- Assume that kids will use drugs--put primary focus on abuse, problem use
- Lectures; no interactionwith students
- Focus on drugs as the problem rather than on the individual's choice to use or not use as the problem
- Don't "build bridges" with existing programs, helping resources
- Focus on a "hot topic" such as crack without mentioning other drugs and skills for saying no
- Show students examples of drugs and paraphernalia (this lowers inhibitions on use)

*QUESTIONNAIRE: TEACHER'S ASSESSMENT
OF PREVENTION PROGRAMS WITHIN THEIR SCHOOLS

YOU CAN TELL YOUR DISTRICT'S
DRUG POLICY IS FOR REAL IF --

( ) You know what happens to a student caught with drugs --and that the same thing happens to every kid caught with drugs.

( ) Students suspended for drug offenses can get their suspensions reduced if they obtain help.

( ) You've been trained to recognize kids who use or are at risk for using drugs.

( ) You know the name of the staff member responsible for referring kids caught using drugs to in-school support groups or outside help.

( ) Your drug referral program actually identifies kids at risk for drug abuse as well as current abusers.

( ) Students who are returning from treatment or are at risk for drug abuse have support groups on campus.

( ) The central office has solid statistics on drug referrals and other evidence of rule violations.

( ) The drug curriculum starts at kindergarten and goes through grade 12.

( ) You've had training in dealing with substance abuse as a disease that requires intervention and treatment.

( ) Your school consciously encourages students to find healthful, drug-free activities in school and outside.

( ) You can name the administrators, parents, colleagues, and others on your school's drug awareness team.

( ) You've seen school board members at events in your anti-drug program.

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